

SG Data Incident Settlement Administrator
c/o Postlethwaite & Netterville
P.O. Box 1429
Baton Rouge, LA 70821

**Your Claim Form Must Be Postmarked
By July 11, 2023**

Easter v. Sound Generations

Superior Court of the State of Washington in and for the County of King, Case No. 21-2-16953-4 SEA

Claim Form

This Claim Form should be filled out online or submitted by mail if your personal information was potentially compromised as a result of the Data Incident that Sound Generations publicly reported on or about December 7, 2021 (the "Data Incident") and you would like to receive a benefit from the Settlement. You may receive a payment or other benefit if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement Website, www.SGDataSettlement.com, or call 1-844-510-2004 for more information.

If you wish to submit a Claim for a Settlement Payment, you need to provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **July 11, 2023**.

1. CLASS MEMBER INFORMATION.

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

<input type="text"/>															<input type="text"/>											
First Name*															Middle Initial											
<input type="text"/>																										
Last Name*																										
<input type="text"/>																										
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*																										
<input type="text"/>															<input type="text"/>		<input type="text"/>									
City*															State*		Zip Code*									
<input type="text"/>																										
Current Email Address*																										
<input type="text"/>			<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
Current Phone Number*															Settlement Claim ID*											

2. RELIEF SELECTION.

Please select the relief you would like from either Section 2.A or 2.B below.

Please review the Notice and section III of the Settlement Agreement (available at www.SGDataSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

If you do not clearly indicate whether you would prefer option 2.A or 2.B below, your Claim Form may be deemed invalid.

A. I choose a flat cash payment of approximately \$25, subject to proration in accordance with the Settlement.

By marking this line, I willingly forego all compensation and benefits under Section 2.B. of this Claim Form and instead opt for a flat cash payment of approximately \$25.00, subject to downward proration.

B. I choose credit monitoring and payment for documented economic loss and lost time.

Please provide as much information as you can to help us figure out if you are entitled to a Settlement Payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of benefits you would like to claim. Categories include: reimbursement for lost time (up to two (2) hours at \$25.00 per hour) if you also submit a valid Claim for reimbursement for Documented Economic Loss, reimbursement for Documented Economic Loss incurred as a result of the Data Incident (up to a maximum of \$130.00), and two (2) years of credit monitoring and identity theft insurance to be paid for by Defendant. In the alternative to the previous categories, you may request a cash payment of \$25.00, which may be subject to a downward pro rata adjustment. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your Claim, you may mark out any unrelated transactions if you wish).

a. Documented Economic Loss Resulting from the Data Incident:

I incurred unreimbursed charges or expenses as a result of the Data Incident.

Examples - (i) cost to obtain credit reports; (ii) fees related to credit freezes; (iii) card replacement fees; (iv) late fees; (v) overlimit fees; (vi) interest on payday loans taken as a direct result of the Data Incident; (vii) other bank or credit card fees; (viii) postage, mileage, and other incidental expenses resulting from lack of access to an existing account; (ix) costs associated with credit monitoring or identity theft insurance if purchased as a result of the Data Incident; and (x) fraudulent charges or transactions.

Total amount for this category: \$.

Describe your ordinary expense(s) below, including date expense was incurred and its relation to the Data Incident.

Reasonable Documentation of out-of-pocket expenses is required.

Supporting documentation must be provided, including but not limited to: credit card statements, bank statements, invoices, telephone records, and receipts. Documented Economic Loss costs cannot be documented solely by a personal certification, declaration, or affidavit. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

You may only make a claim for reimbursement of lost time if you also submit a Claim for Documented Economic Loss.

4. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Claims Administrator before my Claim will be considered complete and valid.

Signature

Print Name

Date

MAIL YOUR CLAIM FORM OR SUBMIT YOUR CLAIM FORM ONLINE.

This claim must be:

Postmarked by July 11, 2023 and mailed to SG Data Incident Settlement Administrator, c/o Postlethwaite & Netterville, P.O. Box 1429 Baton Rouge, LA 70821; **OR**

Emailed by midnight on July 11, 2023 to info@SGDataSettlement.com; **OR**

Submitted through the Settlement Website by midnight on July 11, 2023 at www.SGDataSettlement.com.